

Since the onset of the epidemic in the United States, HIV incidence has been highest among men who have sex with men (MSM). It continues to be so, and most new infections in this population are now among men of color.

SURVEILLANCE

More than one-half (53.4 percent) of new AIDS cases for which the exposure category was MSM in 2000 were among minorities. Blacks accounted for 33.5 percent; Hispanics, 18.2 percent; Asian/Pacific Islanders (A/PIs), 1.2 percent; and American Indian/Alaskan Natives (AI/ANs), 0.5 percent.¹

Evidence indicates a resurgence of risky behavior and extraordinarily high seroprevalence rates among some MSM populations. Phase II of the Young Men's Study examined MSM ages 23 through 29 who frequented certain public venues; 13 percent were HIV positive. Prevalence was a staggering 32 percent among blacks and 14 percent among Hispanics, compared with just 7 percent among whites.²

The decline in AIDS mortality since the introduction of highly active antiretroviral therapy has slowed, and the decrease among blacks and Hispanics, the minorities most affected by the AIDS epidemic, still trails that in whites. From 1999 to 2000, AIDS mortality declined 21.9 percent among the AI/AN population and 21 percent among A/PIs, but only 13.4 percent in whites, 12.2 percent in Hispanics, and 9.3 percent in blacks.³

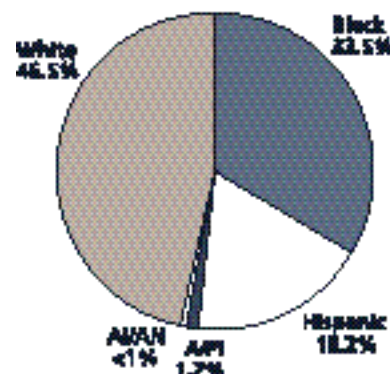
Decreases in AIDS incidence, like decreases in AIDS mortality, have slowed in recent years. The decline among male adolescents and adults in the year ending June 30, 2001, was just 6.8 percent over the previous year.^{4, 5}

CRITICAL ISSUES

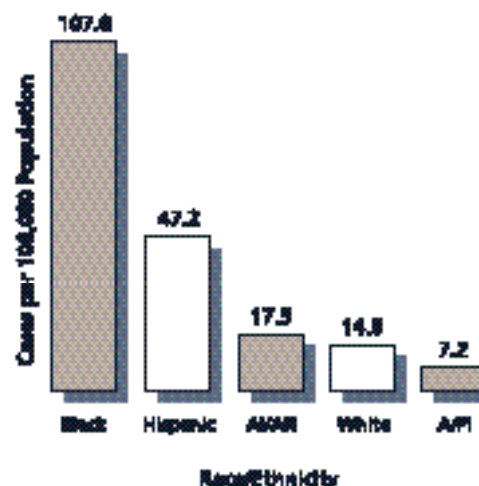
HIV-positive individuals in care are poorer than the general population. The HIV Cost and Services Utilization Study found that "compared with others in the nonelderly population, adult patients with HIV were about half as likely to be employed, to have a household income above the 25th percentile, or to have private insurance."⁶

Minorities are less likely to have health coverage than whites and thus may have poorer access to health care. In 2000, 32 percent of Hispanics, 18.5 percent of blacks, and 18 percent of A/PIs were uninsured, compared with 12.9 percent of whites.⁷ Consequently, rates of cancer, heart disease, and diabetes are higher for minorities, and immunization rates are lower. The occurrence of serious coexisting health conditions not only reflects less access to health care but also

Estimated AIDS Cases Among Adult and Adolescent MSM, 2000¹



AIDS Rates Among Adult and Adolescent Males¹⁰



*The terms "black" and "Hispanic" are used throughout this document to be consistent with demographic classifications in referenced data sources.

greatly complicates the treatment of HIV/AIDS.

Minorities are more likely than whites to live in medically underserved areas; almost two-thirds of users of Community and Migrant Health Centers are racial and ethnic minorities.⁸

In Phase I of the Young Men's Study, 3,449 MSM ages 15 to 22 who frequented certain public venues in seven cities were tested for HIV infection. A total of 249 (7.2 percent) were HIV positive. Evidence indicated extraordinarily poor access to HIV counseling and testing and HIV care among these men: Only 18 percent of those who tested positive knew they were infected, and just 15 percent—fewer than 1 in 5—were receiving medical care.⁹

The stigma of homosexuality is an obstacle to bringing minority MSM into care; consequently, MSM of color may avoid health care providers who are perceived to be gay or HIV oriented. Additionally, MSM of color may feel misunderstood or not welcomed by providers who have traditionally served white gay male populations. Therefore, cultural competency is a major concern.

MSM OF COLOR & THE RYAN WHITE CARE ACT

In collaboration with the African American AIDS Policy and Training Institute, the Asian and Pacific Islander American Health Forum, Bienstar, and the National Native American AIDS Prevention Center, HRSA's HIV/AIDS Bureau conducted a research project—including key informant interviews and structural roundtable discussions—to identify barriers to care for MSM of color and develop solutions. The results are informing the process through which HRSA and the CDC are collaboratively responding to the epidemic among young MSM of color.

To respond to the need for additional minority providers of state-of-the-art HIV/AIDS care in underserved communities, HRSA recently funded a minority AIDS Education and Training Center, a network that includes historically black colleges and universities along with other institutions.

CARE Act grantees are funding capacity building in underserved communities to break down barriers to care and increase the availability of services.

The CARE Act serves black and Hispanic men in large numbers. In 2000, 67 percent of CARE Act clients were male. Of all CARE Act clients, 47 percent were black, and 20.8 percent were Hispanic.

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